Official Newsletter of the Canadian Public Health Association

CPHA health digest

Summer 2006 Volume XXX, Number 2

inside

CEO's Column 2
Advisory Council Inaugural Meeting 3
CPHA 2006 Resolution 3
Crime Prevention through Social Development 4
CPHA 2006 Award Winners 5
Partners Around the World 9

REPORT FROM THE BOARD CHAIR

Membership Survey Results Inform Planning Process

Sheilah Sommer, CPHA Chair

As Chair of the CPHA Board of Directors, I am pleased to report to CPHA members on the very successful National Conference and Annual General Meeting (AGM) that took place in Vancouver at the end of May 2006. First, however, let me take a step back to talk about the membership survey that took place in early May as preparation for the Board's initiation of a strategic planning and direction-setting process for CPHA.

In early May, CPHA members were polled with two short and direct questions. The first was: *"What three national public health issues are most important for the advancement of public health in Canada?"*

One hundred and eighty-one (181) members responded – a response rate of 10.6%. While most respondents listed three priorities, many members also took the opportunity to elaborate in some detail on each as well as to note more than three issues. Of all issues mentioned by respondents, the top three public health issues were:

1. Public Health Infrastructure, Leadership and Capacity (PHILC)
2. Poverty and Social Determinants (PSD)
3. Human Resources (HR)

Over half of the responding members mentioned at least one of these top three among their responses. PHILC was mentioned by 48.5% of respondents, PSD by 31.2% and HR by 35%.

The responses to the first question not only confirmed directions set by the previous board for the focus of CPHA's work, but also provided important information for the Board, the Advisory Council and as input into the discussion at the AGM. The three issues noted above are long-term systemic issues which are of concern to all of us who work in public health.

The second question presented to members was: *"Is an online survey/poll the best way to get your input?"*

A "yes" was indicated by 89.5% of the members responding (97% of responses were received electronically). Other suggested methods included sessions with Board members, online discussions, teleconferences with members, key informant interviews, regional round tables and "kitchen table" talks in provinces/territories.

Survey information from members was presented to the Board at their May 26-27, 2006 meeting as part of an environmental scan of our current environment and a review of CPHA's issues-based plan that has guided the work of the association since June 2004. The Board's discussion underscored the need for CPHA, in its current planning exercise, to identify ways to strengthen our role as the national authoritative voice for public health in Canada. Public health is broad and there is a need to frame the work of the association with a clear and definitive focus. The Board is committed to ongoing dialogue with members as it works through this direction-setting exercise. The role of the CPHA Advisory Council is pivotal in providing pan-Canadian, local, regional and national strategic advice. A summary of the inaugural meeting of the Advisory Council, at which they received information from the Board, is presented in this issue of the Digest.

Information from the Member Survey, the Board meeting and the Advisory Council meetings were fed into the Annual General Meeting for an open forum discussion with members. Members were asked for reactions to the material that was presented and specifically to identify any gaps. Comments very positively identified the level of passion and commitment from public health professionals evidenced at this conference

...see *Survey Results, page 4*

VANCOUVER, JUNE 10 – 15, 2007

The 19th IUHPE World Conference on Health Promotion & Health Education CANADA 2007

The Canadian Public Health Association, the Canadian Institute for Health Information – Canadian Population Health Initiative, the Canadian Institutes of Health Research – Institute of Population and Public Health and the Public Health Agency of Canada will be hosting a Canadian Public Health Stream throughout the entire Conference.

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Canadian Public Health Association

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Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

CEO's *column*

What Determines the Public's Health?

The Canadian Public Health Association's 97th Annual Conference focussed on this difficult question. The question remains difficult not in terms of knowledge but in terms of action. Speakers focussed on people, places and social change, pointing out that despite Canada's having one of the healthiest populations in the world, major health disparities continue to persist, especially for some population groups. People in low socio-economic situations, those of Aboriginal descent, those living in certain regions and communities across the country, women and children, the homeless and the under-housed, tend to be more disadvantaged than others. At the national level, the gap between rich and poor is growing. However, disparities are produced in whole societies and do not just occur among the obviously deprived.

Our health is influenced by the places in which we live, work, learn, and play. Settings such as the communities and neighbourhoods where we reside, the home, daycare and recreation settings, workplaces, schools, and so on all have profound effects on our health. Understanding the impacts of these environments on our well-being and at what times they have a critical role to play throughout the life course are paramount.

The Honourable Monique Bégin, the respected former Minister of Health and Welfare, pointed out that while Canada has a generous medical care system, Canada's welfare system is parsimonious at best…rebalancing of the health budget is what is needed.

In his column in a recent issue of the *Globe and Mail*,[1] André Picard highlighted the comments of Sir Michael Marmot, admonishing attendees to deal with "the causes of the causes of poor health" – the social determinants of health.

Mr. Picard went on to quote a recent report from the United Nations Committee on Economic, Social and Cultural Rights, which "underscored just how frayed Canada's social safety net has become... In Canada, only 17.8 per cent of public expenditures are on social programs other than health; in Sweden, by contrast, that figure is 36.8 per cent. According to the Organization for Economic Co-operation and Development, 21 European countries spend more on social programs than Canada… Not coincidentally, all those countries spend less than Canada on health."[1]

The implicit message is that we ignore the welfare side at our peril. "We can pay now with decent social programs or pay later with increased health costs."

Elinor Wilson
Chief Executive Officer

Reference

1. Picard A. Untreated social ills make for higher medical costs. *Globe and Mail* June 22, 2006; pg. A15.

ADVISORY COUNCIL INAUGURAL MEETING

Summary Report to CPHA Members

The Canadian Public Health Association's (CPHA) Advisory Council held its inaugural meeting on Saturday, May 27, 2006 in Vancouver, British Columbia. This pan-Canadian/ interdisciplinary Advisory Council will provide advice and counsel to the CPHA Board of Directors on strategic public health issues of the day. The Council ensures a strong link to the Provincial / Territorial Public Health Associations and other organizational public health partners. Two-way communications between the Board and the Advisory Council regarding CPHA's strategic planning process will ensure full consideration of local, regional and national public health matters by the association.

The Advisory Council member organizations are:

- Alberta Public Health Association
- Association of Medical Microbiology and Infectious Disease Canada
- Association pour la santé publique du Québec
- Canadian Association of Public Health Dentistry
- Canadian Dental Hygienists Association
- Canadian Institute of Public Health Inspectors
- Canadian Society for Medical Laboratory Science
- Canadian Veterinary Medical Association
- College of Family Physicians
- Community Health Nurses Association of Canada
- Manitoba Public Health Association
- National Specialty Society for Community Medicine
- New Brunswick / PEI Public Health Association
- Newfoundland & Labrador Public Health Association
- NWT/ Nunavut Public Health Association
- Ontario Public Health Association
- Public Health Association of British Columbia
- Public Health Association of Nova Scotia
- Saskatchewan Public Health Association
- Yukon Public Health Association

The Advisory Council's agenda began with a joint luncheon with the CPHA Board and introductions of all of the members of both the Board and the Advisory Council. The Advisory Council then met to consider and provide advice to the CPHA Board of Directors on its strategic planning process. The Council, for its deliberations, reviewed:

- an overview of CPHA and its existing strategic priorities;
- an environmental scan; and
- the results of the CPHA membership survey.

The Advisory Council provided a summary of its preliminary discussion to the Annual General Meeting on May 30, 2006, recommending that CPHA:

- be the recognized leader and the authoritative voice for public health in Canada;
- develop and implement a government relations strategy that focuses on the key issues and works collaboratively with all levels of government, other partners and non-governmental associations; and
- develop and implement a communications plan for the general public to engage the public as advocates for public health.

Sheilah Sommer, CPHA Chair

Susan McBroom, TAC Chair

While there is more work to be done in the coming months to provide advice to the CPHA Board, the Council believes this is a good start to collectively strengthen the role of CPHA and thus public health in Canada. The Advisory Council looks forward to further two-way discussions with the CPHA Board of Directors.

Sheilah Sommer, CPHA Chair

Susan McBroom, Chair, CPHA Advisory Council

CPHA Members Promote Healthy Eating at 2010 Olympics

The resolution "Healthy Eating at the 2010 Olympics" was presented to and voted on by the membership of the Canadian Public Health Association at the Annual General Meeting (AGM) in Vancouver, British Columbia, May 30, 2006. The resolution asks CPHA to endorse British Columbia Premier Campbell's goal of leading the way in North America in healthy living and physical fitness and the Public Health Association of British Columbia's commitment to supporting health promotion efforts to prevent chronic diseases. CPHA also will endorse efforts to ensure that the athletes in the Olympic Village and the spectators attending events have access to a healthy diet.

Furthermore, CPHA will urge suppliers and vendors of food at the Olympics to feature affordable healthy food among their menu choices and will urge food industry sponsors of the Olympics to only promote healthy products. CPHA will report the findings of its efforts to the World Federation of Public Health Associations before the commencement of the 2010 games.

The results of the deliberations and the full text of the resolution passed is available on the CPHA website at www.cpha.ca. ■

CPHA and Canadian Police Executives Working Together for Crime Prevention through Social Development

The Canadian Association of Chiefs of Police (CACP) has recognized the need for greater awareness of the root social, economic and familial conditions that contribute to criminal activity and victimization, since there can be no sustainable crime prevention without sustainable social development. The CACP, through its Crime Prevention Committee, is developing a national Coalition on Community Safety, Health and Well-being and increasing public awareness of the need for community-owned approaches to crime prevention through social development. The Canadian Public Health Association, which has worked with the law enforcement community on projects such as the "pot and driving" campaign and its anti-bullying initiative, is a member of the Coalition Advisory Committee.

There are striking similarities between public health and crime prevention approaches. As André Picard noted in *The Globe and Mail*, 22 June 2006, "We can pay now with decent social programs or pay later with increased health costs." The same point can be made about crime prevention. We can work together to make safe, healthy communities or we can pay more for police, courts and jails. The CACP believes that working together with other national associations, many of which have not traditionally been recognized as partners with the police, is the best way to improve community safety, health and well-being.

In February, the CACP hosted a Community Safety Round Table in Ottawa. Representatives of forty-four national non-governmental organizations involved in health and mental health, substance abuse, education, municipal affairs, child and family services, police governance, literacy, faith-based community support, refugee services, cross-cultural understanding, sports and recreation, and support to seniors and Aboriginal people shared with executives from eight police services their views on how to develop safe, healthy communities. The NGOs agreed there should be a formal, ongoing coalition on community safety, health and well-being and insisted it be led by the CACP. The report of the Round Table and the key messages developed for use by all participating organizations in convincing decision-makers of the value of supporting sustainable social development can be found at www.cacp.ca.

A second Community Safety Round Table in late October will focus on how to sustain the Coalition on Community Safety, Health and Well-being and its future direction. In March 2007, the CACP will bring police, governments, NGOs and private sector interests together at a National Showcase in Winnipeg to consider a more strategic, pan-Canadian approach to crime prevention through sustainable social development.

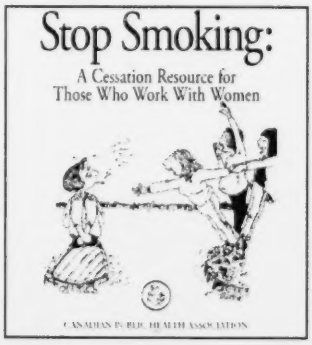
For information on the Coalition on Community Safety, Health and Well-being, contact Ms. Sandra Wright, Program Manager, Coalition on Community Safety, Health and Well-being at (613) 526-3679 or swright7@sympatico.ca. ■

A Smoking Cessation Resource for Those Who Work with Women

The recently released "Stop Smoking: A Cessation Resource for Those Who Work With Women" is presented in three sections. Section One sets the context about women and smoking, including information on the Stages of Change Model and the quitting process. Section Two is a facilitator's guide for a group program that is presented in 12 sessions on topics such as self-esteem, healthy weights, triggers and support. Section Three offers one-on-one counselling techniques for health professionals, from brief to more extensive interventions. A wide variety of handouts are included.

This resource is based on two previous CPHA cessation resources: "Stop Smoking: A Program for Women" and "Asking to Listen: Resources for Perinatal Care Providers".

Available in both English and French, the resource is available online at www.cpha.ca/stopsmoking. To order a print copy, contact CPHA's Health Resources Centre: Tel (613) 725-3769, Fax (613) 725-9826, E-mail hrc@cpha.ca ■



Survey Results, from page 1....

and supported the overall direction of the association. There was a real focus in the comments on promoting membership, on finding ways to increase our response rate to polls, and to building on the momentum from the conference to engage current members and recruit new members. CPHA was congratulated and its current leadership role noted, but the need to increase that leadership role was emphasized. Challenges noted included finding ways to increase our profile and get the media interested, and how to partner with provincial/territorial partners to lobby at that level and be a pan-Canadian voice for public health.

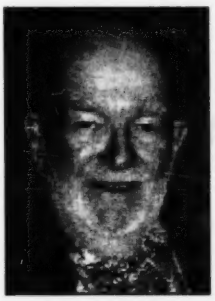
I want to take this opportunity to thank all CPHA members for their interest and in particular those who took the time to complete the survey. I also thank those members who were able to attend the AGM for their valuable input. Over the next six months, the Board will continue this discussion and will develop strategic directions for the association using a process of consultation with the Advisory Council and with membership.

Sheilah Sommer
Chair, CPHA Board

CANADIAN PUBLIC HEALTH ASSOCIATION

Awards Program 2006

Each year, the Canadian Public Health Association honours individuals or organizations who provide outstanding service to their community and profession. CPHA members nominate candidates for the following prestigious awards.



John M. Last
R.D. Defries Award
Honorary Life Membership

John Last is emeritus professor of epidemiology at the University of Ottawa. Born and educated in Australia, he graduated from the University of Adelaide medical school in 1949. After 5 years of hospital training, 5 years in general practice, and intercontinental voyages as a ship's surgeon, he trained in epidemiology and public health at the University of Sydney and as visiting fellow in the MRC Social Medicine Research Unit in London. He has held academic positions at the Universities of Sydney, Australia, Vermont USA, and Edinburgh, Scotland and has been professor of epidemiology and community medicine at the University of Ottawa since 1969.

He is the author or editor of 17 books, chapters in 49 books, articles in several encyclopedias, 80 original articles in peer-reviewed journals, over 200 other articles and editorials, and numerous reports and official documents for the World Health Organization, the Governments of Canada and Ontario and other official agencies. He is the author of *Public Health and Human Ecology* (1987, 1996) and a *Dictionary of Public Health* (2006). He edited four editions of *Public Health and Preventive Medicine* (1980, 1986, 1991, 1998), eponymously known as "Maxcy-Rosenau-Last"; four editions of the *Dictionary of Epidemiology* (1983, 1988, 1995, 2001); he co-edited the *Oxford Illustrated Companion to Medicine*, 3rd edition (2001) and the *Encyclopedia of Public Health* (2002). He is contributing editor on public health sciences and practice for *Stedman's Medical Dictionary* (1990, 1995, 2000, 2005) and the *New Oxford American Dictionary* (2001). He was the scientific editor of the *Canadian Journal of Public Health*, 1981-1991, editor of the *Annals of the Royal College of Physicians and Surgeons of Canada*, 1990-1998, and interim editor of the *American Journal of Preventive Medicine* in 1988-89. The *Dictionary of Epidemiology* has been translated into French, Spanish, Portuguese, Chinese, Japanese, Arabic, Farsi (Iranian), Serbian, Slovakian, Russian and Ukrainian, and is used by epidemiologists throughout the world. Dr. Last led the initiative of the International Epidemiological Association to develop guidelines on ethical conduct of epidemiological research, practice, and teaching, was a member of the Working Group of the Council for International Organizations of Medical Sciences that drafted International Guidelines for Ethical Review of Epidemiological Studies (1991) and has contributed substantially to other national and international discussions about ethical conduct in public health sciences and practice.

Dr. Last's honours include MD Honoris Causa of Uppsala University, Sweden, 1993, and MD Honoris Causa of Edinburgh University, Scotland, 2003. He was Wade Hampton Frost lecturer, Epidemiology Section, American Public Health Association in 1989; Scholar in Residence, Rockefeller Foundation's Villa Serbelloni Study and Conference Center, Bellagio, Italy, in 1992. His 'lifetime achievement' awards include the Duncan Clark Award of the Association of Teachers of Preventive Medicine in 1994, and the Abraham Lilienfeld Award of the American College of Epidemiology in 1997. He is an honorary life member of the International Epidemiological Association, the American College of Epidemiology, the American Public Health Association, the UK Society for Social Medicine, the Royal Australasian College of Physicians and the British Medical Association.

Rosemarie Goodyear
Honorary Life Membership

Rosemarie Goodyear graduated with a Bachelor of Nursing from Memorial University School of Nursing in 1983 and in 1995 completed a Masters of Science in Administration from the University of Notre Dame. Rosemarie has been employed in community health nursing since 1983, holding positions of public health/home care nurse, nurse manager, and assistant chief executive officer. She is currently employed with the newly-formed Central Regional Integrated Health Authority in Newfoundland and Labrador as the Vice President for Community Health and Primary Health Care.

Rosemarie is completing her second term as the NL representative to Community Health Nurses Association of Canada (CHNAC) and has also been filling the role of co-president since 2004. In addition to her involvement with CHNAC, Rosemarie is involved with the NL Public Health Association (NLPHA), the Canadian Public Health Association (CPHA), the provincial nursing association (ARNNL) and provincial/national initiatives related to primary health care reform, wellness/health promotion, public health human resource planning and networking/knowledge brokering.

BRITISH COLUMBIA ActNowBC

Government of British Columbia, Population Health and Wellness
Ron Draper Health Promotion Award

ActNow BC is the integrated, partnership-based health promotion and chronic disease prevention strategy that is leading the way to a healthier British Columbia. By addressing the risk factors common to the most prevalent chronic diseases (tobacco use, poor nutrition and inactivity), and supporting people to make healthy lifestyle decisions, ActNow BC

seeks to reduce the incidence of preventable chronic disease, improve quality of life for British Columbians, and reduce demand on BC's health care system. ActNow BC is a unique horizontal, multi-sectoral initiative, engaging all ministries of the BC Government in the development of a strategic service plan, and more than 70 government, non-government, and private sector partners including the BC Healthy Living Alliance, the Union of BC Municipalities and 2010 Legacies Now. It is one of the most progressive and proactive health promotion strategies of its kind, and is recognized by the World Health Organization as an emerging best practice in health promotion and successful government program delivery.

Douglas Wilson
Certificate of Merit

Dr. Douglas Wilson is Professor Emeritus in the Departments of Public Health Sciences and Medicine at the University of Alberta. A medical graduate of the University of Toronto, he has many years of experience as a practising specialist in nephrology, a researcher, a teacher and an academic administrator. From 1984-94, he was Dean of the Faculty of Medicine at the University of Alberta, during a time when the Faculty greatly increased its research capacity. Since 1994, Dr. Wilson's interests have shifted to population health, health promotion and public health. He was instrumental in the development of the interdisciplinary Centre for Health Promotion Studies with its large graduate education and research programs. Most recently, Dr. Wilson chaired the task force that recommended the establishment of a new School (Faculty) of Public Health at the University of Alberta.

David Patterson (posthumously)
Certificate of Merit

Employment History

- Staff Inspector, Grey Owen Sound Health Unit, May 1970
- Senior Inspector, Grey Owen Sound Health Unit, 1982
- Assistant Director, Bruce-Grey Owen Sound Health Unit, 1989 (following amalgamation of the Bruce County and Grey Owen Sound Health Units)
- He was a long-time member and supporter of the Canadian Institute of Public Health Inspectors

Career Highlights

- Managed a salmonella outbreak at the Regional Hospital in Owen Sound in 1991-1992.
- Initiated a court case in the early 1990s to ensure the delivery and consumption of pasteurized milk in Ontario.
- Managed a hantavirus investigation in Bruce County, with hantavirus becoming a reportable disease afterwards.
- Walkerton Water Tragedy, May 2000:
  - Mr. Patterson was the manager who led the investigation for the health unit.
  - In order to ensure legal chain of custody, he personally drove the initial 21 municipal water samples to the London Public Health Laboratory overnight.
  - He was lauded for his meticulous documentation of all his conversations and actions during the outbreak.
  - His testimony at the enquiry reflected his professionalism.

Neil Collishaw
sanofi pasteur International Award

Neil Collishaw brings over three decades of experience in public health work, including twenty-four years of work on tobacco control, to his duties as Research Director, Physicians for a Smoke-Free Canada. As the lead tobacco control expert with the World Health Organization Tobacco or Health Programme from 1991 to 1999, he was active in supporting WHO Member States in their efforts to implement comprehensive tobacco control programmes, and in initiating action to create a Framework Convention on Tobacco Control. He is a co-author of WHO publications entitled *Tobacco or Health: First Global Status Report* and *Guidelines for Controlling and Monitoring the Tobacco Epidemic*. He is also a co-author of *An Introduction to International Trade Agreements and their Impact on Public Measures to Reduce Tobacco Use.*

Prior to joining WHO in 1991, Mr. Collishaw worked since 1974 in the Canadian Department of National Health and Welfare. From 1981 to 1991, his efforts were focussed on helping the Canadian government to improve Canada's tobacco control policies.

His duties at Physicians for a Smoke-Free Canada include policy advocacy and policy research in favour of tobacco control. International tobacco control, legislative and litigation issues, and research on tobacco industry documents are among Mr. Collishaw's areas of current interest and activity.

Mr. Collishaw is the author of several scientific publications on tobacco and health, as well as other public health topics. He holds a Master of Arts degree in Sociology.

Chantelle A. M. Richmond
Dr. John Hastings Student Award
Chantelle Richmond, originally from Marathon, Ontario, completed her undergraduate and Masters Degrees in the School of Geography at McMaster University. She is currently a PhD Candidate in the Department of Geography at McGill University, where her research explores the determinants of Indigenous Peoples' health. Drawing on a mixed methods approach including survey and interview analyses, Chantelle's research examines the value of social support for Indigenous peoples' health. Her findings point to social support as a key dimension *and* determinant of health, with both positive and negative consequences for the health of Indigenous Peoples. These findings call for more critical analyses of the social support-health relationship and a better understanding of the interactions between structural determinants and local social realities. As a First Nations academic, Chantelle is sensitive to the need for inclusive policy research; she feels strongly that Indigenous People must be active participants in the study and criticism of policy development, particularly in ensuring that such policies are relevant to their own cultures, communities and lived experience.

Population and Public Health Student Awards
The Canadian Institutes of Health Research's Institute of Population and Public Health (IPPH) is collaborating with the Canadian Public Health Association (CPHA), Canadian Institute for Health Information-Canadian Population Health Initiative (CPHI) and the Public Health Agency of Canada to launch the 3rd annual award program in applied population and public health (PPH) research for Masters and PhD level students enrolled in a Canadian academic institution. The purpose of this award program is to recognize excellence in the next generation of population and public health researchers, policy-makers and practitioners.

2006 PPH Award winners
Masters
- Karen Roberts, McGill University
- Laura Nimmon, University of Victoria
- Marie-Jo Ouimet, Université de Montréal

PhD
- Dawn Smith, University of Ottawa
- Cat Tuong Nguyen, Université de Montréal

Claudia Kurzac
Public Health Agency of Canada/ Canadian Public Health Association Health Human Resources Awards (Individual)
Claudia is a member of the volunteer-operated professional association, the Canadian Institute of Public Health Inspectors. She has held a variety of positions on the board of the BC Branch CIPHI, and for the past two years, has held the position of National President. Claudia believes it is important to volunteer her time for the only professional association representing Environmental Public Health Professionals in Canada.
The volunteers for CIPHI are involved in many projects; however, the Core Competencies Project and a move to develop a program that would assess competency for the Environmental Public Health Profession have taken most of this energy of late. Claudia is thrilled to be a part of this project that would see the Environmental Public Health profession gain greater recognition in Canada.

In her day job, Claudia works with a dynamic team of Environmental Public Health Professionals for the Vancouver Coastal Health region in Vancouver as a Senior Environmental Health Officer. Claudia has worked in the Environmental Public Health profession for about 20 years.

Community Health Nurses Association of Canada
Public Health Agency of Canada/Canadian Public Health Association Health Human Resources Awards (Organization)
The Community Health Nurses Association of Canada was established on June 21, 1987 as a voluntary association of Community Health Nurses including public health nurses and home health nurses. Membership comprises front-line staff, consultants, managers, educators and researchers.

Mandate: national voice of Community Health Nurses to promote community health nursing and the health of communities.

Objectives:
- To promote standards of Community Health Nursing practice
- To promote quality assurance in Community Health Nursing Services
- To provide a forum for Community Health Nurses to communicate effectively, discuss community concerns and share knowledge/expertise on a national level
- To promote research in community health nursing issues
- To promote professional and public awareness of Community Health Nursing practice
- To encourage members to participate in affairs promoting public and community well-being.

Highlights:
National
- Developed and released Canadian Community Health Nursing Standards of Practice in October 2003
- Developed a proposal to the Canadian Nurses Association (CNA) that resulted in Community Health Nursing being designated a CNA nursing speciality
- Developed exam competencies for CNA certification, including mapping competencies to public health core competencies
- Worked with CNA to develop the Community Health Nurse certification exam that was administered for the first

Tribute to Dr. Lee Jong-wook

Dr. Lee Jong-wook, former Director-General of the World Health Organization, died on May 22, 2006 at the age of 61, following a short illness.

Dr. Lee, a national of the Republic of Korea, was a world leader in public health. He tackled every challenge with passion, dedication and professionalism. He was unfalteringly committed to WHO's mission, to help all people to attain "the highest possible level of health."

Throughout his 23-year career at WHO, he made a difference in every programme he managed – whether by leading the charge to eradicate polio from the Western Pacific, or to launch a cutting edge Global Drug Facility so people would have access to tuberculosis medicines.

"The world has lost a great man. Lee Jong-wook was a man of conviction and passion. He was a strong voice for the right of every man, woman and child to health prevention and care, and advocated on behalf of the very poorest people," said United Nations Secretary-General Kofi Annan. "He tackled the most difficult problems head on, while upholding the highest principles. He will be very gravely missed, but history will mark Lee Jong-wook's many contributions to public health."

While personally a modest man, Dr. Lee was a bold leader. When he became Director-General, he took a risk and announced that WHO would work with partners to achieve "3 by 5" – to ensure three million people with HIV/AIDS would have access to the medicines they needed by the end of 2005. "3 by 5" transformed the way leaders thought about AIDS medicines for people in poor countries. While the world fell short of the target, the successes and momentum of "3 by 5" demonstrated that universal access to medicines was possible – and had become a moral imperative.

A few days before his death, Dr. Lee explained his vision of "universal access" to staff in his office as he worked on his speech to the World Health Assembly. He said: "There can be no 'comfort level' in the fight against HIV. We must keep up the pressure to get prevention, treatment and care linked and working. A key outcome of "3 by 5" was the commitment to universal access to treatment by 2010. But what does universal access mean? To me, this means that no one should die because they can't get drugs. It means that no one will miss being tested, diagnosed, treated and cared for because there aren't clinics."

As Director-General, he led global efforts to tackle avian influenza and to prepare for a human influenza pandemic. Pointing to the health, social and economic devastation of historical influenza pandemics, he stressed repeatedly that every head of state should ensure their country developed a national pandemic preparation plan. He had a simple message: 'Prepare for a pandemic now, before it is too late." World leaders took it to heart and acted. Because of his conviction, the world is now better prepared for pandemic influenza than it has ever has been in history.

Dr. Lee was the first UN agency head from the Republic of Korea. He began his five-year term as Director-General of WHO on July 21, 2003.

A new Director-General for the World Health Organization will be elected in November. Dr. Anders Nordström is Acting Director-General of the WHO until the new D-G takes office. ■

CPHA Award Winners, continued...

time to approximately 160 Community Health Nurses in April 2006

- Developed a Toolkit to assist employers and educators to incorporate the Canadian Community Health Nursing Standards into practice.

International

- Invited to present at the Family & Community Health Nurses of Spain first annual conference
- Translation of Canadian Community Health Nursing Standards of Practice into other languages; currently being utilized in Japan.

Research

- Member of a Steering Committee for a St. Elizabeth Health Care team examining workload for home health nurses
- Working with Atlantic Health Promotion Research Network, exploring the introduction of best practices into the public health nursing environment.

Working Groups/Committees

CHNAC is currently active on the following working groups/committees:

- Canadian Association of Schools of Nursing Task Group on Community Health Nursing
- Public Health Human Resource Planning Task Group
- CHNet Works Steering Committee
- CPHA Advisory Council
- CPHA/CCHSA Public Health Accreditation Standards.

Current Projects

- Further development of discipline-specific competencies
- Planning the first national Community Health Nursing Conference to be held May 3-5, 2007 in Toronto. ■

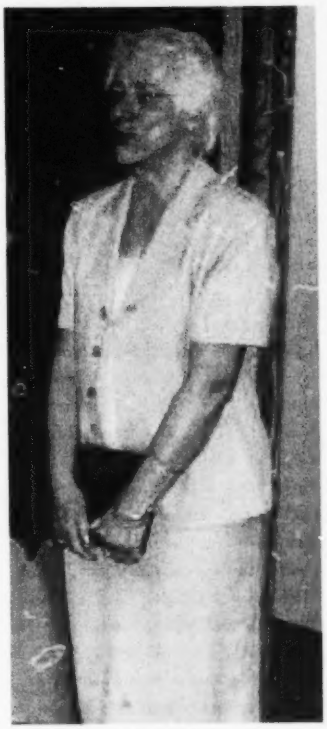
Margaret Hilson on the move

Margaret Hilson, former CPHA Associate CEO and Director Global Health Programs and currently Special Policy Advisor, Global Health Programs, left CPHA and Ottawa at the end of June to move to Vancouver where she will mentor students in the new Masters of Public Health Program at Simon Fraser University. She will also maintain her affiliation with the Public Health Agency of Canada where she is Advisor to the Chief Public Health Officer.

Margaret began work with CPHA in 1985 and developed programs to strengthen sister public health associations in over eighteen developing countries. She developed and oversaw the implementation of public health programs that have benefited tens of thousands of people in over 60 countries. Margaret's work was central to the World Health Organization recognition of CPHA's international contribution to health policy development when the Association received the prestigious Sasakawa Award in 1992. Margaret also played a leadership role in bringing to fruition a unique public health approach to building local capacity to respond to the HIV and AIDS situation in southern Africa, which resulted in the establishment in late 2003 of the Southern African AIDS Trust, a regional African non-governmental organization. She was also instrumental in developing and launching innovative community-based health promotion programs in Brazil and Argentina.

Margaret is the Past President of the World Federation of Public Health Associations and presided over the Federation's World Congress in Beijing, China in September 2000. In recognition of her substantial contribution to international public health and the betterment of the lives and well-being of people around the world, she received in 1999 the first International Council of Nurses Foundation International Achievement Award and in October 2002 PAHO's Canadian Health Heroes Award. On October 30, 2004, Margaret was invested as an Officer of the Order of Canada.

CPHA held a going-away reception for Margaret at its national office on June 27. She will be missed by her colleagues at CPHA and her friends in Ottawa. But Vancouver isn't so far away and we know that we can always count on Margaret to continue supporting and providing sound technical advice about CPHA's global health efforts. ■

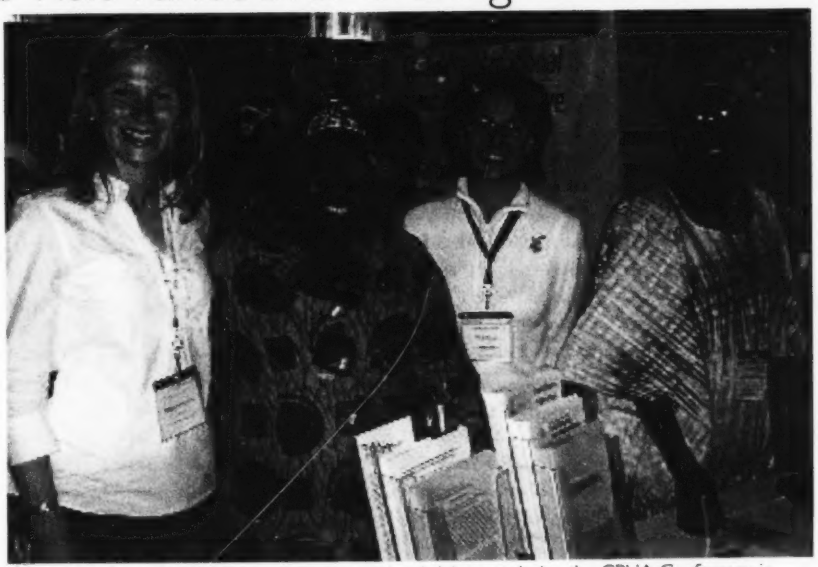


Best wishes, Margaret!

International Guests Visit Vancouver During CPHA's 97th Annual Conference

Six international visitors involved with CPHA's Global Health Programs attended the Association's 97th Annual Conference in Vancouver, British Columbia, in May 2006. This offered them the opportunity to learn about Canada's public health issues and to contribute knowledge and experience from their respective countries. The six delegates were Ms. Marianne Bouanga, President of the Brazzaville branch of the Congolese Society for Community and Public Health (ACSPC), Ms. Aminata Salifou, member of the National Executive Board of the Association for the Promotion of Public Health of Niger (ANSP), Ms. Margarida Matsinhe, President of the Mozambique Public Health Association (AMOSAPU),

...see *International Guests, page 11*



SOPHA student volunteers pose with international delegates during the CPHA Conference in Vancouver. From left: Marie-Claude Lavoie (student volunteer and CPHA member), Aminata Salifou (Public Health Association of Niger), Nadia Hamel (student volunteer and CPHA member), and Marianne Bouanga (Congolese Public Health Association).

Lessons learned from the Family and Reproductive Health Project in Malawi

After five years of project activities, the Malawi Family and Reproductive Health (FARH) project, managed by CPHA and implemented locally by UNFPA, came to an end in March 2006. The project's purpose was to support the sexual and reproductive rights of women, men and youth through an improved relationship between communities and health service providers in three districts of Malawi: Dedza, Nkhata Bay and Mchinji. It built on the success of the first Family Health Project (1996-99) and supported the Government of Malawi's moves toward decentralization of the health system by strengthening capacity to deliver quality services at the district and health centre levels.

The project covered two health centres per district as well as the three district hospitals. Community-level activities were extended to a total of 232 villages (approximately 40 per health centre's catchment area).

Achievements

In order to assess whether the project had achieved its intended objectives, an independent review was conducted in November 2005. The review found the project well on its way towards achieving its long-term goal of improved reproductive health services, in terms of quality, availability and accessibility in the three target districts. Among the project's main achievements, the following were highlighted:

- An increase in community acceptance of family planning and participation in reproductive health activities (number of family planning clients in the communities doubled between 2001 and 2005);
- A decrease in the number of maternal deaths recorded in the six health centres covered by the project (see graph);
- An increase in community ownership and commitment to reproductive health issues; and
- A strengthened referral system.

Lessons learned

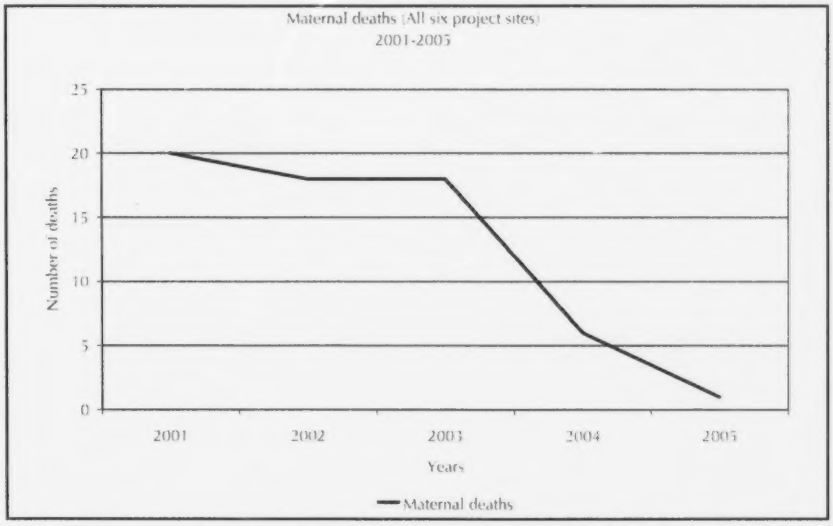
The experience of the FARH project serves to demonstrate the important and critical role that communities can and should play in improving reproductive health in rural Malawi. Several key lessons learned were extracted from the experience, such as:

- *Health projects need to take into consideration the potential impact of their activities at all levels of health service deliveries.* The increased demand for services created at the community level led to an increased demand at health centres and at the district hospital where people are referred. If the district hospital is unable to respond to this increased demand, confidence in health services gets further eroded. Given the weakness of the health system as a whole, a broader health strengthening approach is needed to address health issues in a sustainable manner.
- *Fully involving community leaders is key to successful community work.* The project's approach was to work with community groups, leaders and traditional authorities and build their capacities. The project did not challenge or bypass traditional authorities but involved them fully in project activities so that they become part of the solutions. The benefit of this approach extends beyond the area of reproductive health as community leaders are using their new skills and knowledge in other areas such as improved water and sanitati

Two members of Mkanda Village Health Committee in front of their house decorated with Reproductive Health messages

- *Men play an important role in reproductive health. Nevertheless, gender patterns are embedded in socio-cultural factors that take a long time to change.* The project recognized that men play an important role in reproductive health. In fact, men are often the decision-makers when it comes to family planning use. To increase acceptance of family planning, the project always stressed the importance of male involvement. Men have shown interest and openness about gender issues. Women's participation in community activities has increased. However, they are less likely to speak up in front of

See Malawi, page 12...



International Guests, from page 9...

Dr. Primo Madra, National Executive Member of the Uganda National Association of Community and Occupational Health (UNACOH), Ms. Mirjana Anic, founding Board member of the Public Health Association of Serbia (PHAS), and her colleague Dr. Sladjana Jovic, a general member of the PHAS. The visitors were sponsored by two of CPHA's global health projects, the Strengthening of Public Health Associations Program (SOPHA) and the Project for Strengthening Balkans' Civil Society Voice for Public Health through Public Health Associations, both of which are funded by the Canadian International Development Agency (CIDA).

While some of the visitors had already visited North America before, two of them were here for the first time, and therefore engaged in learning about differences in customs and way of life, in addition to differences in our public health systems and approaches. The beautiful natural setting of Vancouver was especially evident when the foreign visitors took the "fun night" excursion to the top of Grouse Mountain on the Skyride, taking in the spectacular views of the city and ocean below.

At the conference itself, two of our guests made presentations about their respective experiences in "Building Community Competence to Guide Local Intersectoral Action for Health," at a panel sponsored by the Canadian Institutes of Health Research – Institute of Population and Public Health (CIHR – IPPH). Ms. Salifou, of Niger, spoke about her organization's efforts to mitigate the negative health effects of micro-dams in her country through community mobilization and education. Ms. Anic, of Serbia, explained how the newly formed Public Health Association of Serbia (PHAS) is contributing to community-centred health promotion and tobacco control work in her country.

Two other delegates spoke at a satellite event prior to the CPHA Conference, the Global Health Symposium organized by Simon Fraser University's Faculty of Health Sciences, entitled "Preparing a New Generation of Public Health Workers for Global Health." Dr. Primo Madra provided a Ugandan perspective on the question of "What Canadians Should Be Teaching About Global Health." Dr. Madra highlighted the continuing importance of infectious diseases for sub-Saharan Africa, which are responsible for 68% of deaths in that region. For her part, Dr. Sladjana Jovic underlined some of the major public health challenges in the Balkans region, including high rates of chronic disease and self-reported mental health issues.

International delegates from the Balkans (Serbian delegates, at far left) and Africa (Congo-Brazzaville, Niger, Mozambique, Uganda) pose with CPHA Global Health Programs staff next to the snow atop Grouse Mountain, near Vancouver.

In addition to the presentations, all the international delegates attended the plenary sessions and several thematic sessions at the conference, as well as CPHA's Annual General Meeting (AGM). Given that all of the guests are involved with public health associations in their respective countries, it was useful for them to learn about the form and style of the conference as well as the thematic content. The high level of interest and participation in this year's conference, from several different institutions, helped make the experience a rewarding one for our guests.

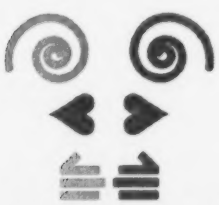
During a special reception with CPHA's President, Sheilah Sommer, as well as other members of the CPHA Board, Chief Executive Officer Elinor Wilson and other senior CPHA staff, all six international delegates were provided with honorary CPHA one-year memberships.

The delegates also had the opportunity to meet with members of the Public Health Association of BC (PHABC), including its President, Shannon Turner. Useful exchanges took place on the challenges of building a public health association, staffing it, funding it, and keeping it relevant for its members. Of particular interest to the delegates was a discussion of PHABC's new interactive website.

Throughout the conference, three student volunteers assisted with orientation and guidance for our guests, as well as interpretation in French and Portuguese.

On behalf of our guests, CPHA extends its thanks to the individuals and organizations who helped with the conference and study tour in Vancouver, as well as to the Canadian Institutes of Health Research (CIHR), which co-sponsored the travel of two of our delegates, and to the Government of Canada, which provides support for our global health programs through the Canadian International Development Agency. ■

World Leaders Join Forces with Science and Community at Upcoming International AIDS Conference in Toronto, Ontario



Organizers of the XVI International AIDS Conference (AIDS 2006) announced that the gathering will offer over 400 sessions, meetings and workshops featuring important scientific advances and discussion of current policy issues among political, scientific and community leaders and others on the frontlines of the epidemic. An estimated 20,000 participants are expected to attend the biennial conference, to be held in Toronto, Canada from 13-18 August 2006. The opening programme will feature a keynote address by Bill and Melinda Gates, Co-Chairs of the Bill & Melinda Gates Foundation.

"We are extremely pleased to have such esteemed partners as we gather in Toronto to discuss the latest research findings and chart a path towards ending the AIDS pandemic," said conference Co-Chair Dr. Helene Gayle, President of the International AIDS Society (IAS) and President and CEO of CARE USA. "The recent UN General Assembly Special Session on AIDS underscored just how much work we have ahead."

"The AIDS 2006 programme is designed to harness the knowledge, skills and commitment of thousands of dedicated stakeholders from across the world," said conference Co-Chair Dr. Mark Wainberg, Chair of the Toronto Local Host Board and Director of the McGill University AIDS Centre. "Canada is eager to welcome delegates to Toronto to build support for eliminating disparities in access to HIV prevention, treatment and care throughout the world."

The Conference Opening will feature welcome remarks by Aboriginal, national, provincial and city government officials from Canada, as well as plenary addresses by Frika Chia Iskandar, a young Indonesian woman living with HIV/AIDS, and UNAIDS Executive Director Dr. Peter Piot. The opening programme will conclude with a keynote address by Bill and Melinda Gates.

The full conference schedule, including satellite sessions and affiliated events, is now available at www.aids2006.org. ■

Staff change on the CCP Project (Southern Africa)

In March 2006, Merydth Holte-McKenzie (CCP Project Coordinator) accepted a position with another Canadian organization. Merydth's colleagues at CPHA and SAT have appreciated her excellent work, dedication, optimism and cheerfulness and wish her all the best as she embarks on a new career path.

Violette Pedneault replaced Merydth as the CCP Project Coordinator. Violette first joined CPHA in July 2005 as Project Coordinator for the CIDA-funded Malawi Family and Reproductive Health project which ended on March 31, 2006. She conducted a first mission to South Africa and Zimbabwe in May 2006 to become more familiar with the project, the SAT team and the context in which SAT operates. During the mission, she was also able to provide support to SAT in preparing for the first series of annual partner meetings (Partner Consultative meeting, Board of Trustee meeting and Donor Coordination Committee meeting). ■

Malawi, from page 10...

men and still defer to men as decision-maker. These gender patterns are embedded in traditions and socio-cultural factors that change slowly.

- *Community-based service providers can make a real difference if they are trained, supervised and integrated in the health care system.* Given the severe shortage of health personnel in rural areas, the project focussed its capacity building on community-based service providers (community-based distribution agents, traditional birth attendants, etc.), members of Village Health Committees as well as some traditional healers and religious leaders. The approach was to ensure that all those who may have an influence on reproductive health receive training. Supervision by Health Centre staff was increased and when possible community-based service providers were integrated into the health system. The fact that more women are delivering at health facilities and that family planning use has increased dramatically indicates that the approach was appropriate.
- *Communities can successfully implement initiatives when provided with knowledge, skills and opportunities.* Overall, the project team feels that the success of the project at community level was the result of fully involving and building the capacity of community members. It has led to greater community empowerment, initiative and ownership. By equipping communities with knowledge, skills and positive attitudes, they have shown that they can act independently to improve reproductive health. Two examples of this are the introduction of Safe Motherhood by-laws as well as the promotion of health messages by writing on the walls of houses. ■

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